

ORDER/NOTICE TO WITHHOLD INCOME FOR CHILD SUPPORT

State _____,
Co./City/Dist. of _____
Date of Order/Notice _____
Court/Case Number _____

Original Order/Notice

Amended Order/Notice

Terminate Order/Notice

_____)	RE: *	_____
Employer/Withholder's Federal EIN Number)		Employee/Obligor's Name (Last, First, MI)
_____)		*
Employer/Withholder's Name)		Employee/Obligor's Social Security Number
_____)		*
Employer/Withholder's Address)		Employee/Obligor's Case Identifier
_____)		_____
_____)		Custodial Parent's Name (Last, First, MI)
_____)		_____

Child(ren)'s Name(s): DOB

Child(ren)'s Name(s): DOB

ORDER INFORMATION: This is an Order/Notice to Withhold Income for Child Support based upon an order for support from

_____. By law, you are required to deduct these amounts from the above-named employee's/obligor's income until _____ even if the Order/Notice is not issued by your State.

☐ If checked, you are required to enroll the child(ren) identified above in any health insurance coverage available through the employee's/obligor's employment. _____

\$ _____	per _____	in current support	
\$ _____	per _____	in past-due support	Arrears 12 weeks or greater? <input type="checkbox"/> yes <input type="checkbox"/> no
\$ _____	per _____	in medical support	
\$ _____	per _____	in other (specify)	
_____	per _____	in other (specify)	
for a total of \$ _____	per _____	to be forwarded to the payee below.	

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered support payment cycle, use the following to determine how much to withhold:

\$ _____ per weekly pay period.	\$ _____ per semimonthly pay period (twice a month).
\$ _____ per biweekly pay period (every two weeks).	\$ _____ per monthly pay period.

REMITTANCE INFORMATION:

You must begin withholding no later than the first pay period occurring _____ working days after the date of this Order/Notice. Send payment within _____ working days of the paydate/date of withholding. You are entitled to deduct a fee to defray the cost of withholding. Refer to the laws governing the work state of the employee for the allowable amount. The total withheld amount, including your fee, cannot exceed _____% of the employee's/obligor's aggregate disposable weekly earnings. For the purpose of the limitation on withholding, the following information is needed (see #9 on back).

When remitting payment provide the paydate/date of withholding and the case identifier _____.
If remitting by EFT/EDI, use this FIPS code: * _ _ _ _ _; Bank routing code: * _____;
Bank account number: * _____.

Make it payable to: _____ Payee and case identifier

Send check to: _____ Payee's Address

Authorized by _____

Print Name _____

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

☐ If checked you are required to provide a copy of this form to your employee.

1. **Priority:** Withholding under this Order/Notice has priority over any other legal process under State law against the same income. Federal tax levies in effect before receipt of this order have priority. If there are Federal tax levies in effect please contact the requesting agency listed below.
2. **Combining Payments:** You can combine withheld amounts from more than one employee/obligor's income in a single payment to each agency requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
- 3.* **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the child support payments.
- 4.* **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order/Notice to Withhold Income for Child Support against this employee/obligor and you are unable to honor all support Order/Notices due to Federal or State withholding limits, you must follow the law of the state of employee's/obligor's principal place of employment. You must honor all Order/Notices to the greatest extent possible. (see #9 below)
5. **Termination Notification:** You must promptly notify the payee when the employee/obligor is no longer working for you. Please provide the information requested and return a copy of this order/notice to the agency identified below.
EMPLOYEE'S/OBLIGOR'S NAME: _____
EMPLOYEE'S CASE IDENTIFIER: _____ **DATE OF SEPARATION:** _____
LAST KNOWN HOME ADDRESS _____
NEW EMPLOYER'S ADDRESS _____
6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the person or authority below.
7. **Liability:** If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State law.

8. **Anti-discrimination:** You are subject to a fine determined under State law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.

- 9.* **Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; and Medicare taxes.
10. _____

*NOTE: If you or your agent are served with a copy of this order in the state that issued the order, you are to follow the law of the state that issued this order with respect to these items.

Requesting Agency _____

If you or your employee/obligor have any questions, contact: _____
by telephone at _____ or by FAX at _____ or by Internet _____